FEC

STATEMENT OF

F	ORM 1		ORGANIZATION					
_			(See instructions)					Office use only
	NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typying, type the lines	12FE4M5	
AMERICAN MARITIME OFFICERS RETIREES ASSOCIATION VOLUNTARY POLITICAL AC-								
Ш					шш			
ADD	RESS (number a	nd street)	PO B	ox 66 	шш			
	(Check if addre	ess			шш			
X	is changed)		Dania	Beach	шш	шш	<u>F</u> L	33004 - 0066
					CITY▲		STATE	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
П	(Check if addres	ess	smill 	s@amo-unior	າ.org 			
	is changed)				шш	111111		
COMMITTEE'S WEB PAGE ADDRESS (URL)								
	(Check if address is changed)	ess		шш	шш			
					шш			
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER C C00089557								
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Print Name of Treasurer Jose Leonard								
Signature of Treasurer Electronically Filed by Jose Leonard Date Date Date Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)